

HICKMAN PALERMO TRUONG & BECKER LLP

1600 Willow Street
 San Jose, CA 95125-5106
 (408) 414-1080
 Facsimile (408) 414-1076

RECEIVED
 CENTRAL FAX CENTER
 OCT 04 2004

FACSIMILE**FROM:**

Attorney: John D. Henkhaus Direct Phone: 408-414-1080 x203
 Attorney's E-Mail: _____ Sender's Fax: San Jose, CA (408) 414-1076
 Secretary: Darci Sakamoto Direct Phone: 408-414-1080x211
 Client/Matter/Tkpr: 50325-109 Date: 10/4/04 Time Sent: _____
 Number of pages including this page: 2

TO:

Name	Company	Facsimile No.	Contact No.
Address Change	Commissioner for Patents	(703) 872-9306	

MESSAGE:

Please see attached Change of Correspondence Address form.

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank you.

PTO/SB/122 (08-04)

Approved for use through 7/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application		Application Number	09/496,600
Address to:		Filing Date	February 2, 2000
		First Named Inventor	Hang Zhang
		Art Unit	2143
		Examiner Name	Alina A. Boutah
		Attorney Docket No.	50325-109

RECEIVED

CENTRAL FAX CENTER

OCT 04 2004

Please change the Correspondence Address for the above-identified application to:			
<input checked="" type="checkbox"/>	The address associated with Customer Number:	29989	
OR			
<input type="checkbox"/>	Firm or Individual Name		
Address			
City		State	Zip
Country			
Telephone		Fax	
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record. Registration Number <u>42,056</u></p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>			
Typed or Printed Name	Christopher J. Palermo		
Signature	<u>Christopher J. Palermo</u>		
Date	10-04-2004	Telephone	(408) 414-1080
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			